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ABSTRACT

This report presents national and Colorado data relevant to Colorado youth. These topics are covered: (1) drug education issues, which notes that there is a move towards abstinence as well as consistent reports of extensive use of alcohol and increasing use of some drugs; (2) tobacco, alcohol, and other drug risk factors; (3) sex-related issues, including percentages engaging in sexual intercourse at various ages; (4) general health issues, including the relationship to poverty and immunization coverage; and (5) mental health concerns, including teenage suicide statistics. Demographic data on students, teachers, youth unemployment, homeless children and youth, and child abuse are provided. Thirteen trends which may impact adolescent program development are listed. Fifteen implications of the previous information are listed and readers are invited to consider these and determine directions that make sense for their own communities. A bibliography is included. (ABL)

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Identifying Various Behaviors and Attitudes

A Status Report on Colorado Youth

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Trends and Implications

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August 1992

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Trends and Implications

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Introduction

Compiling this report has been much like creating a mosaic. Information has been gleaned from a variety of sources and in many different reporting formats. Each piece of information has been used in conjunction with other sources to finally create "a picture" of the status of youth in Colorado.

It is hoped that the "picture" this report presents will be helpful to individuals who are planning or operating programs of prevention, intervention, or general education in the state. While the report is not necessarily a needs assessment, the information certainly helps identify needs and suggests directions that may be appropriate.

The report is at times both encouraging and discouraging. No one segment of the community can successfully address the needs of youth. Good programs will be supported, operated, and funded by many community agencies and organizations. The African proverb, "It takes a whole village to raise a child," seems pertinent.

While schools by their very nature are central to prevention and intervention efforts, it is hoped that this report will spark cooperative and collaborative endeavors throughout the State of Colorado.

This report addresses:

- Drug Education Issues
- Drug/Alcohol Risk Factors
- Sex-related Issues
- General Health Issues
- Mental Health Issues
- Demographic Data
- Trends

In addition to the information reported, implications for its use as well as for program development have been included. Their consideration may be helpful to individuals who are involved in programs or wish to start some that meet the needs uncovered in this compendium.

A bibliography is included which lists those documents used in writing this report.

Drug Education Issues

One of the most interesting aspects of drug information reported is that a bimodal population seems to be developing in Colorado. There is, on the one hand, a move toward more abstinence, i.e., young people who report not using alcohol or illegal drugs at all. At the same time there are consistent reports of extensive use of alcohol; the use of some drugs, particularly hallucinogens, seems to be increasing.

There is evidence that 5 to 13% of high school students use alcohol frequently (10 to 15 or more times in the past month). More than half the high school students report drinking alcohol during the past month and, on an average, about 10 to 24% report binge drinking within the past month (drinking to the point of intoxication, or five or more drinks on a single occasion). On an average, 24 to 40% of 8th graders report having used alcohol during the past month; the rate of binge drinking among 8th graders is only slightly lower (about 9%) than their high school counterparts.

There is, at the same time, a growing trend toward more abstinence with about 25% of students reporting that they do not use wine or beer, and over 40% indicating that they had never used liquor. This increased polarization of attitudes and behaviors is a matter that may need attention in order to reduce divisiveness and unhealthy intergroup interaction.

By grade four, approximately 25% of children report having used alcohol, almost 2% had been drunk, and between 1 and 2% had used marijuana. Nearly 12% indicate that they had smoked cigarettes. The figures escalate every year from grade four to grade twelve for these behaviors.

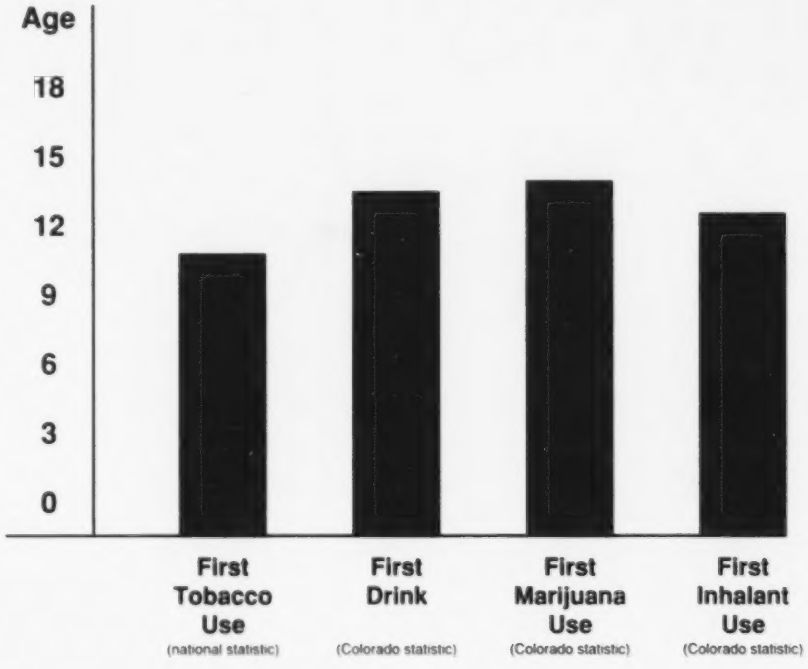
Nationally, about 20% of high school students use tobacco daily. In Colorado the use of tobacco ranges from about 7 to 14% for high school students, and about 3 to 4% for 8th graders. Girls smoke at a somewhat higher rate than boys.

When surveyed regarding drug education issues, nearly half the students tended to see drugs as a big problem in their community, but only 27% believed there was a drug problem in their school. Students tended to be more concerned with the health aspects of drug use than with the fact that they were illegal or illegal for minors. Over half of Colorado students surveyed believe that alcohol use poses a worse problem then the use of other drugs in the school and community.

Tobacco, Alcohol, and Other Drug (TOAD) Risk Factors

One of the most significant risk factors relative to possible TOAD use and problems related to use must certainly be the age at which children begin experimenting with substances.

More than 10% of 4th graders report having used cigarettes. By 8th grade, that figure grows to 50%. More than 25% of 4th graders report having used alcohol and, by 6th grade, the figure is over 40%. About 4% of 6th graders also report having used marijuana and having been drunk. The figures increase as students progress through school to the point where 66% to over 90% of seniors have used alcohol, nearly 73% of seniors have been drunk, and over 40% have used marijuana. Binge drinking and riding in a car with a driver who has been drinking are widely reported risk behaviors.



Forty to 45% of seniors indicate that they have passed out while drinking or that they couldn't remember what happened when they were drinking.

Students have reported that the average first cigarette use was between 10 and 12 years; first drink was 13.3 to 14.2 years, first marijuana use was 13.8 to 14.6 years, and first inhalant use was 12.1 to 13.8 years. Studies indicate that students who use TOAD at very young ages are more likely to have serious and continuing problems later in life. Some authorities believe that the addiction process develops more rapidly in young bodies that are not yet complete in their growth and development.

Certain demographic data may also be related to tobacco, alcohol, and other drug abuse risk factors. Six such items are:

1. per capita retail sales in drinking places,
2. per capita retail sales in liquor stores,
3. liquor licenses per 10,000 population,
4. driving under the influence case filings per 1,000 population,
5. alcohol related fatal crashes per 10,000 population, and
6. narcotic law offenses per 1,000 population.

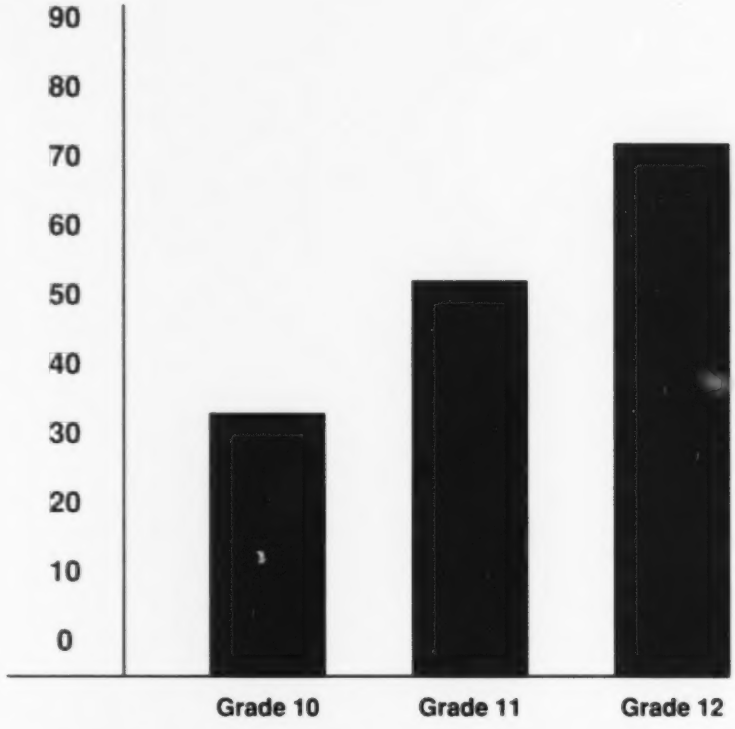
Using these criteria, Western Slope counties constitute 11 of the top 15 counties in the first three categories while the last three risk categories show rather equal representation of Western Slope, Eastern Slope, and San Luis Valley counties.

There is some evidence that social class may be related to smoking activity in young people. College students and college-bound high school students smoke at a significantly lower rate than do young adults who are not in college or bound for college. Two-thirds of all students have tried smoking cigarettes at least once, and 18% of seniors report being regular smokers. Females in high school smoke at a somewhat higher rate than males; however, males are far more likely to use chewing tobacco (22% to 30%).

Those young people who are at most high risk are those who are multiple drug users, stimulant users, heavy marijuana users, or heavy alcohol users. Available data indicate that 11% to 12% of 12th graders are in one of these four high risk categories.

Sex-related Issues

By the end of grade 10, about one-third of students have engaged in sexual intercourse; by the end of grade twelve, over 70% of students have engaged in sexual intercourse.



Percentage of Students Engaging in Sexual Intercourse

Coupled with the increasing level of sexual activity, however, is a decreasing use of condoms. Younger students indicate more frequent use of condoms than do older students. This decrease in condom use may be related to more extensive use of birth control pills by older students.

Over 20% of students reported having had sex with four or more partners in their lifetime. Thirteen percent reported having had more than one sexual partner within the past 30 days. One out of every four sexually active students reported having used alcohol or drugs during their most recent sexual encounter. The average first age for intercourse for urban students is reported as 12 for boys and 13 for girls.

The need to understand the attitudes and behaviors of teens on to sexual matters is closely related to concerns about Sexually Transmitted Diseases (STDs), AIDS, and Teen Pregnancy. Eight percent of students reported having been pregnant or having caused a pregnancy. Overall, 4% of students reported having had a Sexually Transmitted Disease at one time.

The **number** of teen pregnancies of Colorado females, age 10-19, has decreased, in general, since 1979. During the same period, the number of live births has slightly decreased and the number of abortions has generally decreased as well. These figures are somewhat misleading, however, since the actual number of teenagers has also declined. A more meaningful indicator may be the **Teen Fertility Rate** (the number of births annually per 1,000 females, age 15-19). This rate increased from 47 in 1984 to 54.8 in 1990. In some urban areas, this fertility rate stands at 103 births per 1,000. Also, in such urban areas, one out of six births is to a teenage girl, and one out of every ten teenage girls gives birth within a given year.

Most students have discussed HIV/AIDS at school. Despite this exposure to information, however, 43% of the students still believe that they can be infected by HIV when donating blood, and 22% are not sure whether the virus can be spread through a mosquito bite. While the number of teens who are diagnosed as HIV positive remains relatively low, there is concern about the increasing number of young people who are so diagnosed in their early twenties. The assumption is that many of them were infected as teenagers.

General Health Issues

In addition to health issues related to the use of alcohol and other drugs and health issues related to sexual activity, there are several general health concerns about adolescents in Colorado. These concerns vary somewhat from region to region; however, they appear to be matters for statewide intervention.

The link between poverty and poor health is well established: poor children get sick more often, with more severe illnesses, and have less access to health care for effective treatment. In some areas of the state, almost one in five children lives in a family with income below the federal poverty level. During the 80s the number of poor children in Colorado increased by 17,000.

Infant death rates and low birth weights may be measures of general health and well-being. The infant death rate in Colorado is 8.7 per 1,000 live births. The rate of low birth weight babies in the state is 7.8%; however, that figure is as high as 9% in some urban areas. Low birth weight may be linked to a number of factors, most of which are preventable: teen pregnancy, unintended pregnancy, poor nutrition, lack of prenatal care, smoking, and alcohol abuse.

Immunizations can prevent a wide range of disease. Yet in some areas of the state, less than 60% of the children receive the recommended immunizations by their second birthday.

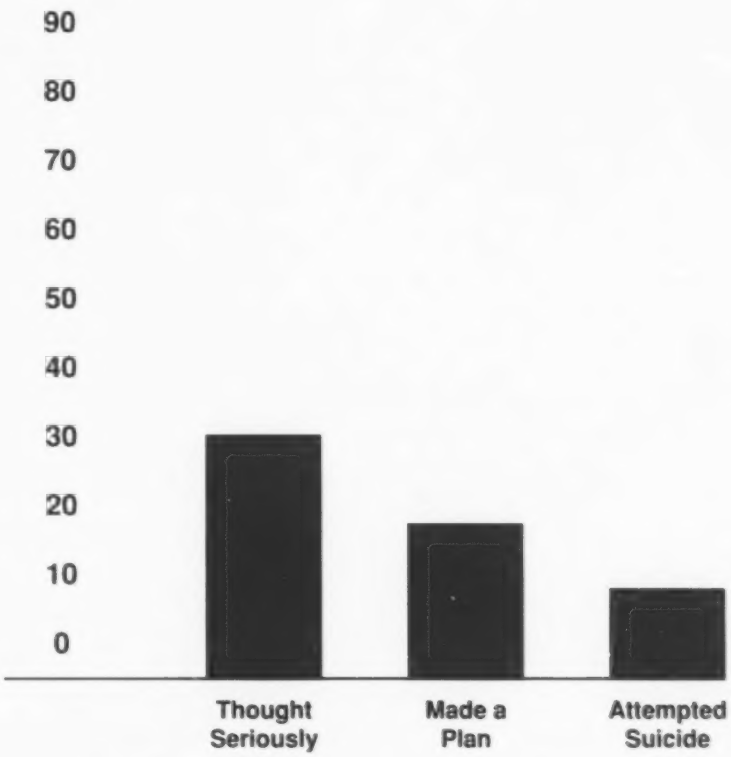
There is some evidence that many children are not receiving adequate dental care. In cases where dental screening was conducted, nearly 25% of the children screened needed referral for dental care and, of that number, over one-third needed urgent care.

In reviewing the reported dietary habits of high school students, there appear to be excessive fats and fried foods in their regular diet. There is also a lack of vegetables and fruits in the diet of up to one-third of the students.

While most students believe that they are at their "right" weight, 11% felt that they were too thin, and 38% of females and 11% of males believed they were too fat. Students generally report skipping meals and doing exercise as preferred ways of losing weight; however, females are more likely to report extreme weight control behaviors such as self-induced vomiting or use of diet pills. Most students report engaging in light exercise; but, 31% report watching TV or playing video games for at least an average of three hours per day.

Mental Health Concerns

Colorado suicide rates among teens often vary widely from year to year without obvious explanation. In general, Colorado teenage suicide rates tend to be higher than the national rate. In 1988, the national suicide rate for 15-19-year-olds (suicides per 100,000) was 11.3, while Colorado's comparable rate was 19.2. In Colorado, 30% of high school students (grades 9-12) report that they have thought seriously of suicide, 17% have made a plan for suicide, and 9% have attempted suicide. One suburban survey showed that 9% of females and 4% of males had attempted suicide two or more times. There is some evidence that males have tended to use more lethal means than females to complete suicide. Some observers now believe that females may be starting to use more violent and lethal means and this difference in rates may diminish.



Teen Suicide Statistics in Percentages

Violence in schools, as well as the community in general, is a serious concern. A 1989 survey conducted in Colorado, but excluding Denver, showed that 34% of males and 9% of females had carried a weapon for self-protection during the previous 30 days. Five percent of the males who carried weapons reported that they carried a gun.

Thirteen percent of the students reported having been in a fight that resulted in someone's needing treatment from a doctor or nurse. It is likely that these figures would be even higher for some inner-city areas.

During the 1990-91 school year, nearly 10,000 students dropped out of school. Dropping out of school, along with suspensions and non-attendance, may be a reflection of a young person's sense of alienation, distress, or low self-esteem.

Stress awareness seems to increase in young people as they progress through school. Older students report more stress than younger students, and females report considerably more anxiety or depression than males. Over 25% of tenth graders report being anxious, worried or upset nearly all the time. This compares to 14% of 8th graders in the same survey.

Demographic Data

The following items of demographic data seem pertinent to any consideration of the needs of adolescents in Colorado.

- In suburban communities, generally 70-80% of students report living in a two-parent family (one parent may be identified as a step parent). In urban settings, only about 62% of the children report living in a home with two parents.

- By 1995, minority students will account for 25.9% of the total school age population, and this percentage is projected to increase to 35.8% in 2015.

- In 1989, a total of 1,245 homeless children and youth were identified in Colorado.

- In 1990, there were 5,929 confirmed reports of child abuse in Colorado. These reports included 7,906 victims. During that same year, there were 28 known deaths resulting from child abuse. In one suburban survey, 22% of tenth graders reported that they had been physically abused, while 20% of the females and 3% of the males reported sexual abuse.

- In 1990, the youth unemployment rate in Colorado was 12.3%. This rate reflects the proportion of persons in the labor force ages 16-19 who were not employed but were looking for work.

- Nearly 9% of public school students are served by special education programs. Chapter 1 programs serve over 5% of public school enrollment.

- Over 18% of public school students receive free lunch in Colorado.

- Colorado public school membership is increasing. Secondary school figures were declining for several years; however, that decline is no longer evident. Fifty-one percent of public school students attend school in one of the 14 Denver city/metro districts. Less than 1% reside in the 26 small attendance districts. Eighty percent live in the Front Range, 10.6% live on the Western Slope, 4.7% live on the Eastern Plains, 3.1% live in the Eastern Mountains, and 1.5% live in the San Luis Valley.

- Although there is an overall growth in school age population, many communities are experiencing a significant growth of the population group over 65 years of age.

- School age population by **ethnic group** is as follows:
  - 75.3% White
  - 16.3% Hispanic
  - 5.2% Black
  - 2.3% Asian/Pacific Islanders
  - .9% Native American.

In contrast, classroom teachers are:

90.8% White
5.7% Hispanic
2.2% Black
.7% Asian/Pacific Islander,
.6% Native American.

- While student populations are evenly divided between males and females, 69.8% of teachers are female. 35.8% of principals are female, and only 4.6% of superintendents are female.

- The four year graduation rate for Colorado's Class of 1991 was 80%. The dropout rate for 1990-91 was 6.2%, down from 6.8% for the previous year.

Trends

There is evidence of some trends that may impact adolescent program development. As communities consider needs, it may be important to note these trends as well as current situations.

- Cocaine use remains high; however, there seems to be evidence of a downward trend in cocaine use.
- The use of opiates, particularly heroin, also appears to be declining.
- The age of heroin-using population in treatment is increasing; the current average age on admission to treatment is 36.4 years.
- The average age of population seeking treatment for marijuana use is 28.9 years.
- There is a trend toward increased availability of both mushrooms and LSD for both adults and teenagers.
- School districts commonly report tobacco-free policies in force on school grounds and at school events.
- Teenagers are engaging in sexual activity and to a large degree exposing themselves to pregnancy, STDs, and AIDS.
- As students progress through school, more and more of them become less invested in school as evidenced by high absenteeism, more discipline problems, and dropout rates.
- There appears to be a trend toward decreased per capita alcohol consumption in the state. The abuse rate for those under 30 appears to be declining and the abuse rate for those over 30 appears to be increasing.
- Nine and one-half percent of adults (18 and over) abuse alcohol and 7.1% of adults abuse other drugs.
- Juvenile offenders show significantly higher rates of drug and alcohol use than do like age groups in the general population.
- Fifty-nine percent of male arrestees, and 62% of female arrestees tested positive for use of any drug.
- Mobility, single parent families, and poverty all seem to be on the increase.

Implications

So what does all this mean? Readers are invited to consider the following implications or possible implications and determine directions that make sense for their own communities.

1. Prevention programs must focus on the early grades with information and development of prosocial skills.

2. Middle level or junior high years are critical times for implementing interventions intended to reduce experimentation and first use behaviors.

3. Community efforts may well be directed at reducing those community-based factors that increase the incidence of drug/alcohol use and abuse and at the same time providing more alternatives for adolescents to be involved in service and recreation activities.

4. Communities may need to consider ways of addressing the apparent increased polarization between users and non-users. Teaching refusal skills, for example, may help young people stand up for their non-use values without alienating other individuals.

5. Efforts to further restrict the availability of tobacco products to young people should be implemented since tobacco continues to be a common experimentation or "first use" drug.

6. Early identification and intervention programs must be in place in all communities. It is not enough to merely identify "at risk" or "high risk" individuals. Coupled with the identification must be consistent and systematic ways of providing help and support to those who are headed for trouble.

7. Information regarding STDs, Pregnancy, and AIDS must be provided no later than the late elementary school or early middle level years if it is to serve a prevention purpose.

8. Prevention programs must recognize that information, alone, does not change behavior and that significant numbers of individuals engage in high risk behaviors despite knowing about the risks involved.

9. Communities must continue to work at the root causes of many health-related issues with a particular emphasis on the role that poverty plays in many of these problems.

10. Safety and security issues should be a concern in all communities; all young people are entitled to an education in an environment that is free from threat of physical harm.

11. Communities must educate everyone about signs that a person may be suicidal. The education must emphasize identification, how to talk with suicidal individuals, and how to get help for those who are at risk for suicide.

12. Those factors that contribute to low self-esteem and stress in young people should be identified and programs to address these basic needs should be implemented at all developmental levels.

13. Communities must honestly assess their attitudes about the use of alcohol by young people and confront "kids will be kids" views as well as adult role modeling.

14. Communities must find ways to solidify their efforts in prevention and intervention. With limited funds, fragmentation and isolation cannot be tolerated. It is imperative that community agencies collaborate in their work with young people.

15. Recognizing that communities in Colorado vary widely in their issues and concerns, each community should look intently at its local situation and implement programs that meet its unique needs.

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